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Image# 201507079000061544

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	or Other Than	An Authorized	_	Office	e Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typing, type r the lines.	12FE4M5	s use only
COMMUNITY ONCOLO	OGY ALLIANO	CE PAC			
ADDRESS (number and street)	1101 Pennsylvania	a Avenue SW			
Check if different than previously reported. (ACC)	Washington			DC 20	004
2. FEC IDENTIFICATION NU	IMBER ▼	CITY 🛦		STATE A	ZIP CODE ▲
C C00383976		3. IS THIS REPORT	NEW (N) OR	× AMENDE (A)	ED
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  X April 15 Quarterly Report (Q July 15 Quarterly Report (Q October 15 Quarterly Report (Q January 31 Year-End Report (Y) July 31 Mid-Year Report (Non-electior Year Only) (MY)  Termination Report (TER)	2) PRE-Ele Report (d) 30-Day	Election on	May 20 (M5)  Jun 20 (M6)  Jul 20 (M7)  Primary (12P)  Convention (12C)  General (30G)		9)
5. Covering Period 01	M / D D / Y	2015	through 03		Y = Y = Y 2015
I certify that I have examined thi Type or Print Name of Treasurer	•	e best of my kno	wledge and belief it is t	rue, correct and com	plete.
Signature of Treasurer Michael	ael Diaz		[Electronically Filed]	Date 07	07 2015
NOTE: Submission of false, errone	eous, or incomplete i	nformation may su	bject the person signing	this Report to the pen	alties of 2 U.S.C. §437g.
Office Use				FE	EC FORM 3X Rev. 12/2004

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

### COMMUNITY ONCOLOGY ALLIANCE PAC

Report Covering the Period: From: 01 01 2015 To: 03 31 2015

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		39680.55
	(b) Cash on Hand at Beginning of Reporting Period	39680.55	
	(c) Total Receipts (from Line 19)	33700.00	33700.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	73380.55	73380.55
7.	Total Disbursements (from Line 31)	37366.49	37366.49
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	36014.06	36014.06
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

## COMMUNITY ONCOLOGY ALLIANCE PAC

R	eport Covering the Period: From: 01	01 / 2015 To:	03 31 2015
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From:  (a) Individuals/Persons Other		
	Than Political Committees  (i) Itemized (use Schedule A)	33200.00	33200.00
	(ii) Unitemized(iii) TOTAL (add	500.00	500.00
	Lines 11(a)(i) and (ii)	33700.00	33700.00
	(b) Political Party Committees	0.00	0.00
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00
10	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	33700.00	33700.00
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received  Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
17	to Federal Candidates and Other Political Committees Other Federal Receipts	0.00	0.00
	(Dividends, Interest, etc.)  Transfers from Non-Federal and Levin Funds  (a) Non-Federal Account	0.00	0.00
	(from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	33700.00	33700.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	33700.00	33700.00

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	perating Expenditures:  Allocated Federal/Non-Federal  Activity (from Schedule H4)		
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b)	11		
	Expenditures	6366.49	6366.49
(c)	Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	6366.49	6366.49
2. Tra	ansfers to Affiliated/Other Party		
	ommitteesontributions to	0.00	0.00
Fe an	deral Candidates/Committees d Other Political Committees	31000.00	31000.00
	dependent Expenditures	0.00	0.00
5. Co	se Schedule E)ordinated Party Expenditures		
(us	U.S.C. §441a(d)) se Schedule F)	0.00	0.00
6. Lo	an Repayments Made	0.00	0.00
7 10	ans Made	0.00	0.00
8. Re	funds of Contributions To:		
(a)	Than Political Committees	0.00	0.00
(b)	Political Party Committees	0.00	0.00
(b)		, , , ,	
	(such as PACs)	0.00	0.00
(d)	Total Contribution Refunds		
(-)	(add Lines 28(a), (b), and (c))▶	0.00	0.00
.9. Otl	her Disbursements	0.00	0.00
		7	
	deral Election Activity (2 U.S.C. §431(20)) Allocated Federal Election Activity		
(a)	(from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
(b)	Federal Election Activity Paid Entirely		
	With Federal Funds	0.00	0.00
(c)	Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
4 Tel	tal Dishuras mente (add Lives 24/s) C2		
	tal Disbursements (add Lines 21(c), 22, , 24, 25, 26, 27, 28(d), 29 and 30(c))	37366.49	37366.49
_5	, , , , , , , , , , , , , , , , , , , ,	0.000.10	37300.43
	tal Federal Disbursements		
	ubtract Line 21(a)(ii) and Line 30(a)(ii) m Line 31)	37366.49	37366.49

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	33700.00	33700.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33700.00	33700.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	6366.49	6366.49
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	6366.49	6366.49

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)									
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or for commercial purposes, other than using t	he name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) COMMUNITY ONCOLOGY A	LLIANCE PAC	
Full Name (Last, First, Middle Initial)  Miriam Atkins  Mailing Address 3993 Hammonds Ferry		Date of Receipt
City	State Zip Code	02 28 2015 Transaction ID : SA11AI.6011
Evans	GA 30809	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00 contribution
Name of Employer SELF	Occupation Physician	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial)  Dr. Harry M. Barnes III  Mailing Address 4145 Carmichael Road	1	Date of Receipt  03 11 2015
City Montgomery	State Zip Code AL 36106	Transaction ID : SA11AI.6012  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Montgomery Cancer Center	Occupation Oncologist	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  Edward Broun		Date of Receipt
Mailing Address 3119 Lookout Court		03 17 2015
City Cincinnati	State Zip Code OH 45208	Transaction ID : SA11AI.6034  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer self	Occupation Physician	. contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00	
SUBTOTAL of Receipts This Page (optional)		2700.00
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	7	OF	20	
(check only one)									
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or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) COMMUNITY ONCOLOGY A	ALLIANCE PAC						
Full Name (Last, First, Middle Initial)  David Chu  Mailing Address 175 Gnarled Hill Road	David Chu						
City Setauket	State Zip Code NY 11733	03 11 2015  Transaction ID : SA11AI.6035  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	2000.00					
Name of Employer self Receipt For:	Occupation Physician  Aggregate Vegr to Date	- contribution					
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00						
Full Name (Last, First, Middle Initial)  Joseph S Cirrone  Mailing Address 22 Ledgewood Circle	Date of Receipt						
City West Setauket	State Zip Code NY 11733	Transaction ID : SA11Al.6013  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	2000.00					
Name of Employer self	Occupation physician	- contribution					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00						
Full Name (Last, First, Middle Initial)  Noshir DaCosta		Date of Receipt					
Mailing Address 9 Dorm Court		03 11 2015					
City Setauket	State Zip Code NY 11733	Transaction ID : SA11AI.6014  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	2000.00					
Name of Employer self	Occupation Physician	contribution					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00						
SUBTOTAL of Receipts This Page (optional)		6000.00					
TOTAL This Period (last page this line numb	per only)						

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)									
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UI	tor commercial purposes, other than using the	name and address of any political committee to	Solicit Communions from Such Committee.
$\rangle$	NAME OF COMMITTEE (In Full) COMMUNITY ONCOLOGY ALL	IANCE PAC	
Α.	Full Name (Last, First, Middle Initial)  Michael Diaz  Mailing Address 800 S Dakota Ave  401  City  Tampa  FEC ID number of contributing federal political committee.  Name of Employer  Self  Receipt For:  Primary  General  Other (specify) ▼	State Zip Code FL 33606  C  Occupation Physician  Aggregate Year-to-Date ▼  5000.00	Date of Receipt    M
3.	Full Name (Last, First, Middle Initial)  Dr. Bruce Gould  Mailing Address 766 Tate Overlook  City  Marietta  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For:  Primary  General  Other (specify)	State Zip Code GA 30064  C  Occupation Physician  Aggregate Year-to-Date ▼  1000.00	Date of Receipt  M M M / D D / Y D Y D Y D Y D Y D Y D Y D Y D
<b>.</b>	Full Name (Last, First, Middle Initial)  Regina Jablonski  Mailing Address 8 Davids Way  City Port Jefferson  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For:  Primary General Other (specify)   Other (specify)	State Zip Code NY 11777  C  Occupation physician  Aggregate Year-to-Date ▼  2000.00	Date of Receipt  M M M / D D / Y D Y D Y D Y D Y D Y D Y D Y D
S	UBTOTAL of Receipts This Page (optional)		8000.00
T	OTAL This Period (last page this line number o	nly)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for comm	ercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
	F COMMITTEE (In Full) MUNITY ONCOLOGY ALL	IANCE PAC	
. William	e (Last, First, Middle Initial) n LiPera ddress 695 Short Beach Road		Date of Receipt
City	GROW USAGE CEACH ROAD	State Zip Code	02 11 2015 Transaction ID : SA11Al.6019
Nisseque	nane	NY 11780	
			Amount of Each Receipt this Period
	number of contributing plitical committee.	C	2000.00
Name of self	Employer	Occupation physician	contribution
Receipt F	For:	Aggregate Year-to-Date ▼	
	mary General er (specify) ▼	2000.00	
	e (Last, First, Middle Initial)		Date of Receipt
Mailing A	ddress 62092 Carlton Drive		03 01 _2015
City Cassopo	lis	State Zip Code MI 49031	Transaction ID : SA11AI.6037  Amount of Each Receipt this Period
	number of contributing olitical committee.	C	500.00
Name of self	Employer	Occupation Physician	contribution
Receipt F	For:		
	mary General	Aggregate Year-to-Date ▼	
Oth	er (specify) $\blacktriangledown$	500.00	
	e (Last, First, Middle Initial) d Nawaz		Date of Receipt
Mailing A	ddress 6 Elbridge Court		03 11 2015
City		State Zip Code	Transaction ID : SA11AI.6021
S Setaul		NY 11720	Amount of Each Receipt this Period
	number of contributing plitical committee.	C	2000.00
Name of	Employer	Occupation	contribution
self		physician	
Receipt F		Aggregate Year-to-Date ▼	
	mary ☐ General er (specify) ▼	2000.00	
SUBTOTAL	of Receipts This Page (optional)	<b></b>	4500.00
TOTAL Thi	s Period (last page this line number of	nly)	

Use separate schedule(s) for each category of the Detailed Summary Page

	R LINE	:	PAGE	 10	OF	20	
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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) COMMUNITY ONCOLOGY AL	LIANCE PAC	
Full Name (Last, First, Middle Initial)  Peter Ruehlman  Mailing Address 5053 Wooster Road		Date of Receipt
City	State Zip Code OH 45226	03 12 2015 Transaction ID : SA11AI.6038
Cincinnati  FEC ID number of contributing federal political committee.	OH 45226	Amount of Each Receipt this Period
Name of Employer self Receipt For:	Occupation Physician  Aggregate Year-to-Date ▼	contribution
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  Edward Samuel  Mailing Address 12 Salt Meadow Lane		Date of Receipt  03 11 2015
City Stony Brook	State Zip Code NY 11790	Transaction ID : SA11AI.6022  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	2000.00 contribution
self  Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  2000.00	
Full Name (Last, First, Middle Initial)  Martin Silverstein  Mailing Address 70 Wilmington Drive		Date of Receipt
City Melville	State Zip Code NY 11747	03 11 2015  Transaction ID : SA11AI.6023  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00 contribution
Name of Employer self Receipt For:	Occupation physician  Aggregate Year-to-Date ▼	- Contribution
Primary General Other (specify) ▼	2000.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	5000.00
TOTAL This Period (last page this line numbe	r only)	

Use separate schedule(s) for each category of the Detailed Summary Page

					PAGE	 11	OF	20	
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or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) COMMUNITY ONCOLOGY ALL	IANCE PAC	
١.	Full Name (Last, First, Middle Initial) Gurmohan Syali		Date of Receipt
	Mailing Address 235 N Belle Mead Avenue		03 11 2015
	City East Setauket	State Zip Code NY 11733	Transaction ID : SA11AI.6024
		N1 11/33	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	2000.00
	Name of Employer self	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General  Other (specify) ▼	2000.00	
3.	Full Name (Last, First, Middle Initial) Michael Theodorakis		Date of Receipt
	Mailing Address 19 Shore Oaks Drive		03 11 2015
	City Stony Brook	State Zip Code NY 11790	Transaction ID : SA11Al.6025  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	2000.00
	Name of Employer self	Occupation	contribution
	Receipt For:	physician	
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00	
).	Full Name (Last, First, Middle Initial) Dr. Mark E. Thompson		Date of Receipt
	Mailing Address 7175 Fox Lake Dr		02 27 2015
	City Blacklick	State Zip Code OH 43004	Transaction ID : SA11AI.6026  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer	Occupation	contribution
	Mid-Ohio Onc/Hem Inc	Oncologist	
	Receipt For:  Primary General  Other (caseit)	Aggregate Year-to-Date ▼	
	Other (specify) ▼	1000.00	
s	UBTOTAL of Receipts This Page (optional)	·····	5000.00
Т	OTAL This Period (last page this line number of	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) COMMUNITY ONCOLOGY A	LLIANCE PAC	
Full Name (Last, First, Middle Initial)  Jeffrey Vacirca  Mailing Address 23 Valentine Road		Date of Receipt
City Shoreham	State Zip Code NY 11786	03 11 2015  Transaction ID : SA11AI.6027  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For:  Primary General Other (specify)	Occupation physician  Aggregate Year-to-Date ▼	2000.00 contributions
Full Name (Last, First, Middle Initial)  Mailing Address		Date of Receipt
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)  Mailing Address		Date of Receipt
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional).	<u> </u>	2000.00
TOTAL This Period (last page this line number	er only)	33200.00

CHEDULE B (FEC Form 3X)	Use separate schedule(s	FOR LINE	
EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only X 21b 27	one) 22 23 24 25 26 28a 28b 28c 29 30k
ny information copied from such Reports and State for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) COMMUNITY ONCOLOGY ALLIA			
Full Name (Last, First, Middle Initial)			
Community Oncology Alliance, Inc	<b>C.</b>		Date of Disbursement
Mailing Address 1101 Pennsylvania Avenue, NW			02 23 2015
City Washington	State Zip Code DC 20004		Transaction ID : SB21B.6090
Purpose of Disbursement reimbursement of PAC travel expenses	2500	004	Amount of Fools Diskursons and this Davis d
Candidate Name		001 Category/	Amount of Each Disbursement this Period
0(5 0		Type	5728.34
Senate President	ement For:    Primary		
State: District:			
Full Name (Last, First, Middle Initial) PayPal		Date of Disbursement	
Mailing Address 12312 Port Grace Blvd			03 01 2015
City La Vista		Transaction ID : SB21B.6072	
Purpose of Disbursement fee			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	14.80
Office Sought: House Disburse Senate President State: District:	Primary General Other (specify)		
Full Name (Last, First, Middle Initial) PayPal			Date of Disbursement
Mailing Address 12312 Port Grace Blvd			03 09 2015
City La Vista	State Zip Code NE 68125		Transaction ID : SB21B.6073
Purpose of Disbursement fee  Candidate Name	Category/ Type	Amount of Each Disbursement this Period 6.10	
Office Sought: House Disburse Senate	ement For: Primary General	-76-	

### S ľ

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 14				OF	20					
	EMIZED DISBURSEMENTS		rate schedule(s)	FOR LINE (check only	_			L	, AGE	. 1-7	OI.	20
11	EIVIIZED DIODUROEIVIEN IO	for each	category of the	21b	22		23	□ 2	4 [	25		26
		Detailed S	Summary Page	27	28a		28b		.8c	29	H	30b
Λ-	by information copied from such Reports and Staten	nonte mov :	not be sold or								utions	
or	for commercial purposes, other than using the nam	ne and addr	ess of any politi	cal committee to	solicit co	ntribut	วอน 0 tions	from	such	commi	ttee.	
	NAME OF COMMITTEE (In Full)		. , , , ,									
$  \rangle$	COMMUNITY ONCOLOGY ALLIA	NCE DA	C									
[/	COMMUNITY ONCOLOGY ALLIAN	NOE FA	O									
<u></u>	Full Name (Last, First, Middle Initial)											
Α.	PayPal				Date of	f Disb	urse	ment				
					M M	/	D	D /	Υ	YY	Y	
	Mailing Address 12312 Port Grace Blvd				03		11			2015		
	,	State	Zip Code		Trans	actio	n ID	· SB2	1B 60	74		
	La Vista	NE	68125		uiic					- •		
	Purpose of Disbursement fee				Amoun	+ of F	oob	Diob	r00	nt th:-	Doric	٨
	Candidate Name				Amoun	ו טו ב	.acn	ואמצוח	seine	iii liiiS	reno	u
	Candidate Name			Category/	1					- 2	9.30	
	Office Sought: House Disbursen	nent For		Туре		,	_	_	7			
		Primary	General									
		Other (spec										
	State: District:	(opoc	3/ ▼									
_	Full Name (Last, First, Middle Initial)											
В.	PayPal				Date of	f Disb	ourse	ment				
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	Mailing Address 12312 Port Grace Blvd				03		12			2015		
	2											
	City	State	Zip Code		Trans	sactio	n ID	· SR2	1B.60	75		
	La Vista	NE	68125		iiaiis	Jacilo	טו ווי	. 552		. •		
	Purpose of Disbursement fee				A		ا ادا	D:!			D	_1
					Amoun	t of E	ach	Disbu	rseme	nt this	Perio	d
	Candidate Name			Category/						2	29.30	
	Office Squaht: House Dishurs	nont For		Type								
	Office Sought: House Disbursen Senate		Conoral									
		Primary Other (spec	General									
	State: District:	Other (spec	/iiy <i>)</i> ▼									
_	Full Name (Last, First, Middle Initial)											
C					Date of	f Dish	Ursei	ment				
٥.	PayPal					. 2100			- V	V =	V	
	Mailing Address 12312 Port Grace Blvd				03	1	16			y = y 2015	= Y	
					55	- 1						
	City	State	Zip Code		T	.ac4! -	חום	. 600	1B 00	76		
	La Vista	NE	68125		irans	actio	טו ווט	. აც2	1B.60	10		
	Purpose of Disbursement											
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			Type		,			,		0.30		
	Office Sought: House Disbursen											
		Primary	General									
		Other (spec	city) 🔻									
_	State: District:											
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SCHEDULE B (FEC Form 3X)			T FOR LINE	F NUMBER: PAGE 15 OF 20							
	EMIZED DISBURSEMENTS	Use separate sch		FOR LINE N	-			AUL	,,, (	J1 20	
П	EINITED DISDOUSEMENTS	for each category		X 21b	22	23	24		25	<u>26</u>	
		Detailed Summary	/ Page	27	28a	28b	28		29	30b	
Δr	ny information copied from such Reports and Staten	nents may not be so	old or use	d by any perso	n for the n	irnose (	of solicit	ting cor	ntribut	tions	
or	for commercial purposes, other than using the nam	ne and address of a	ny politica	I committee to	solicit cont	ributions	from s	uch cor	mmitt	ee.	
$\setminus$	NAME OF COMMITTEE (In Full)										
$  \rangle$	COMMUNITY ONCOLOGY ALLIA	NCE PAC									
$\angle$											
	Full Name (Last, First, Middle Initial)				<b>D</b>						
A.	PayPal				Date of I	Jisburse	ment				
	Mailing Address 12312 Port Grace Blvd				03	/ D 1		20	15	Υ	
	Walling Address 12312 PULL GIACE BIVD				US			20	10		
	City	State Zip Co	de								
	La Vista	NE 68125			Transaction ID : SB21B.6077						
	Purpose of Disbursement										
	fee				Amount of	of Each	Disburs	sement	this I	Period	
	Candidate Name			Category/					58	3.30	
	Office Sought: House Distance	nont For		Туре		7	- 7				
	Office Sought: House Disbursen Senate		eneral								
		Other (specify)	on <del>o</del> ral								
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	Mailing Address 12312 Port Grace Blvd				03	2	6	20	15		
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	City S La Vista	State Zip Co NE 68125			Transa	ction ID	: SB21	B.6078			
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	fee				Amount of	of Each	Disburs	ement	this F	Period	
	Candidate Name			Category/							
				Type						9.30	
	Office Sought: House Disbursen	nent For:									
		,	eneral								
		Other (specify)									
_	State: District:										
_	Full Name (Last, First, Middle Initial)				Date of I	Nichuroo	mont				
U.	PayPal						_			V.	
	Mailing Address 12312 Port Grace Blvd				03	2		20	15	Y	
	g					-				_	
	City	State Zip Co	de		Tranca	ction ID	· SR21	B 6070			
		NE 68125			Hallsa	טו ווטווט	. 0021	J.0013			
	Purpose of Disbursement fee										
	Candidate Name				Amount of	of Each	Disburs	sement	this I	eriod	
	Canada Hamo			Category/ Type					6	.10	
	Office Sought: House Disbursen	nent For:		1,400		7	7				
			eneral								
		Other (specify)									
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SCHEDULE B (FEC Form 3X)					PAGE	16 OI	F 20
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only				OF '	
	Detailed Summary Page	X 21b 27	22 28a	23 28b	24 28c	25 29	26 30b
Any information copied from such Reports and Statem	l nents may not be sold or use						
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NAME OF COMMITTEE (In Full)							
COMMUNITY ONCOLOGY ALLIAI	NCE PAC						
Full Name (Last, First, Middle Initial)							
A. Wells Fargo			Date of	Disburseme			
Mailing Address 672 Battelfield Boulevard N			03	11	20	15	
City	State Zip Code		Transa	ction ID : S	D21D 6006		
Chesapeake Purpose of Disbursement	VA 23320		ITAIISA	Clion ID . S	D2 1 D.0090		
Bank fee			Amount	of Each Dis	bursement	this Pe	eriod
Candidate Name		Category/				40.0	05
Office Country		Type		7	7	49.9	95
Office Sought: House Disbursen Senate	nent For:  Primary General						
	Other (specify)						
State: District:	,						
Full Name (Last, First, Middle Initial)							
В.			Date of	Disburseme			
Mailing Address			M = M	/ D D	/ Y Y	Y	
City							
Purpose of Disbursement	-						
			Amount	of Each Dis	bursement	this Pe	eriod
Candidate Name		Category/					
Office Sought: House Disbursen	nent For:	Туре	-	7	7		
	Primary General						
President	Other (specify) ▼						
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Candidate Name	Category/ Type	Autount	or Each Bio	burgement		Silou	
Office Sought: House Disbursen				,			
	Primary General						
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SCHEDULE B (FEC Form 3X)	Han annual ask of	FOR LINE	NUMBER:	PAGE 17 OF				
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NAME OF COMMITTEE (In Full)	NOE DAG							
COMMUNITY ONCOLOGY ALLIA	NCE PAC							
Full Name (Last, First, Middle Initial)								
A. GUS M BILIRAKIS			Date of Disbursemen					
Mailing Address PO BOX 606			03 / 16	2015				
	State Zip Code		Transaction ID : SB23.6058					
TARPON SPRINGS Purpose of Disbursement	FL 34688		Transaction ib . of	B23.0030				
contributions		011	Amount of Each Dis	bursement this Period				
Candidate Name		Category/		1000.00				
BILIRAKIS FOR CONGRESS	mont For 2012	Type	-	1000.00				
	ment For: 2016  Primary Genera	al						
President	Other (specify) ▼	-						
State: FL District: 12								
Full Name (Last, First, Middle Initial)			D-1- (D)					
3. VERNON BUCHANAN			Date of Disbursemen					
Mailing Address P. O. BOX 48928			03 / 16	2015				
•	State Zip Code		Transaction ID : S	B23.6046				
SARASOTA Purpose of Disbursement	FL 34230							
contribution		011	Amount of Each Dis	bursement this Period				
Candidate Name		Category/		5000.00				
VERNON BUCHANAN		Type		5000.00				
	ment For: 2016  Primary Genera							
President	Other (specify) ▼							
State: District:								
Full Name (Last, First, Middle Initial)			Data of District					
VERNON BUCHANAN			Date of Disbursemen					
Mailing Address P. O. BOX 48928			03 16	2015				
City	State Zip Code							
SARASOTA	FL 34230		Transaction ID : S	B23.6066				
Purpose of Disbursement contribution								
Candidate Name		011	Amount of Each Dis	bursement this Period				
VOTE TO ELECT REPUBLICANS NOV	V PAC (VERN PAC)	Category/ Type		5000.00				
	ment For: 2016	.,,,,,						
Senate	Primary General	al						
President State:	Other (specify) ▼							
State: District:								
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SCHEDULE B (FEC Form 3X)		Use separate schedule(s)		FOR LINE NUMBER: PAGE 18 OF 20 (check only one)				
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<u>\</u>	NAME OF COMMITTEE (In Full)	ie and addi	ess of any pointer	ai committee to	Solicit Cont	indutions no	in such committee.	_
$\Big >$	COMMUNITY ONCOLOGY ALLIAN	NCE PA	C					
_	Full Name (Last, First, Middle Initial)							
Α.	DIANA L. DEGETTE				Date of Disbursement			
	Mailing Address 290 ELM STREET				03	18	2015	
	City	State	Zip Code		Tranca	etien ID - CI	B22 6062	_
	DENVER	СО	80220		iransa	ction ID : SI	B23.0U02	
	Purpose of Disbursement contribution			011	Amount of	of Each Disl	bursement this Period	
	Candidate Name			Category/			1 1 1	i
	DIANA DEGETTE FOR CONGRES			Type		7	1000.00	
		nent For: 2						
	Senate President	Primary	General					
	State: CO District: 01	Other (spec	ony) ▼					
	Full Name (Last, First, Middle Initial)							_
В.	RENEE JACISIN ELLMERS				Date of I	Disbursemer	nt	
					M = M	/ D D	/ Y = Y = Y = Y	
	Mailing Address 122 KINGSWAY DR				03	19	2015	
	,	State	Zip Code		Transa	ction ID : S	B23.6061	
	DLINN	NC	28334					
	DUNN Purpose of Disbursement	NC	28334					
	Purpose of Disbursement contributions	NC	28334	011	Amount	of Each Disl	bursement this Period	
	Purpose of Disbursement contributions  Candidate Name			Category/	Amount (	of Each Disl		
	Purpose of Disbursement contributions  Candidate Name  RENEE ELLMERS FOR CONGRE	SS CON	MMITTEE		Amount	of Each Disl	bursement this Period	
	Purpose of Disbursement contributions  Candidate Name  RENEE ELLMERS FOR CONGRE  Office Sought: House Disbursem	SS COM	MMITTEE	Category/	Amount of	of Each Disl		
	Purpose of Disbursement contributions  Candidate Name  RENEE ELLMERS FOR CONGRE  Office Sought:  House Senate  Disbursen	SS CON	MMITTEE 2016 General	Category/	Amount o	of Each Disl		
	Purpose of Disbursement contributions  Candidate Name  RENEE ELLMERS FOR CONGRE  Office Sought:  House Senate  Disbursen	SS CON	MMITTEE 2016 General	Category/	Amount o	of Each Disl		
	Purpose of Disbursement contributions  Candidate Name  RENEE ELLMERS FOR CONGRE  Office Sought: House Senate President  State: NC District: 02  Full Name (Last, First, Middle Initial)	SS CON	MMITTEE 2016 General	Category/		7	1000.00	
C.	Purpose of Disbursement contributions  Candidate Name  RENEE ELLMERS FOR CONGRE  Office Sought:  House Senate President  State: NC District: 02	SS CON	MMITTEE 2016 General	Category/	Date of I	Disbursemen	1000.00	
 C.	Purpose of Disbursement contributions  Candidate Name  RENEE ELLMERS FOR CONGRE  Office Sought:  House Senate President State: NC District: 02  Full Name (Last, First, Middle Initial)  GUTHRIE, S. BRETT HON.	SS CON	MMITTEE 2016 General	Category/	Date of I	Disbursemer	1000.00	
<u> </u>	Purpose of Disbursement contributions  Candidate Name  RENEE ELLMERS FOR CONGRE  Office Sought: House Senate President  State: NC District: 02  Full Name (Last, First, Middle Initial)	SS CON	MMITTEE 2016 General	Category/	Date of I	Disbursemen	1000.00	
С.	Purpose of Disbursement contributions  Candidate Name  RENEE ELLMERS FOR CONGRE  Office Sought:  House Senate President State: NC District: 02  Full Name (Last, First, Middle Initial)  GUTHRIE, S. BRETT HON.  Mailing Address 1005 WRENWOOD DRIVE	SS CONnent For: 2 Primary Other (spec	MMITTEE  2016	Category/	Date of I	Disbursemer	1000.00 nt / Y Y Y Y 2015	
— С.	Purpose of Disbursement contributions  Candidate Name  RENEE ELLMERS FOR CONGRE  Office Sought:  House Senate President  State: NC District: 02  Full Name (Last, First, Middle Initial)  GUTHRIE, S. BRETT HON.  Mailing Address 1005 WRENWOOD DRIVE  City S  BOWLING GREEN	SS CON nent For: 2 Primary Other (spec	MMITTEE  2016	Category/	Date of I	Disbursemen / Disbursemen	1000.00 nt / Y Y Y Y 2015	
<b>C</b> .	Purpose of Disbursement contributions  Candidate Name  RENEE ELLMERS FOR CONGRE  Office Sought:  House Senate President State: NC District: 02  Full Name (Last, First, Middle Initial)  GUTHRIE, S. BRETT HON.  Mailing Address 1005 WRENWOOD DRIVE	SS CONnent For: 2 Primary Other (spec	MMITTEE  2016	Category/	Date of I	Disbursemen  / 16  ction ID : Si	1000.00  nt / Y Y Y Y Y Y Y 2015  B23.6056	_
С.	Purpose of Disbursement contributions  Candidate Name  RENEE ELLMERS FOR CONGRE  Office Sought:  House Senate President  State: NC District: 02  Full Name (Last, First, Middle Initial)  GUTHRIE, S. BRETT HON.  Mailing Address 1005 WRENWOOD DRIVE  City S  BOWLING GREEN  Purpose of Disbursement	SS CONnent For: 2 Primary Other (spec	MMITTEE  2016	Category/ Type	Date of I	Disbursemen  / 16  ction ID : Si	1000.00  nt  2015  B23.6056  bursement this Period	
С.	Purpose of Disbursement contributions  Candidate Name  RENEE ELLMERS FOR CONGRE  Office Sought:  House Senate President State: NC District: 02  Full Name (Last, First, Middle Initial)  GUTHRIE, S. BRETT HON.  Mailing Address 1005 WRENWOOD DRIVE  City BOWLING GREEN Purpose of Disbursement contributions  Candidate Name  GUTHRIE FOR CONGRESS	SS CONnent For: 2 Primary Other (spec	MMITTEE  2016	Category/ Type	Date of I	Disbursemen  / 16  ction ID : Si	1000.00  nt / Y Y Y Y Y Y Y 2015  B23.6056	
С.	Purpose of Disbursement contributions  Candidate Name  RENEE ELLMERS FOR CONGRE  Office Sought:  State: NC District: 02  Full Name (Last, First, Middle Initial)  GUTHRIE, S. BRETT HON.  Mailing Address 1005 WRENWOOD DRIVE  City  BOWLING GREEN  Purpose of Disbursement contributions  Candidate Name  GUTHRIE FOR CONGRESS  Office Sought: House Disbursement	SS CONnent For: 2 Primary Other (spec	MMITTEE  2016	Category/ Type  011  Category/	Date of I	Disbursemen  / 16  ction ID : Si	1000.00  nt  2015  B23.6056  bursement this Period	
C.	Purpose of Disbursement contributions  Candidate Name  RENEE ELLMERS FOR CONGRE  Office Sought:  State: NC District: 02  Full Name (Last, First, Middle Initial)  GUTHRIE, S. BRETT HON.  Mailing Address 1005 WRENWOOD DRIVE  City  BOWLING GREEN  Purpose of Disbursement contributions  Candidate Name  GUTHRIE FOR CONGRESS  Office Sought:  House Senate  Disbursement	SS COMment For: 2 Primary Other (special contents for the	MMITTEE  2016	Category/ Type  011  Category/	Date of I	Disbursemen  / 16  ction ID : Si	1000.00  nt  2015  B23.6056  bursement this Period	
C.	Purpose of Disbursement contributions  Candidate Name  RENEE ELLMERS FOR CONGRE  Office Sought:  State: NC District: 02  Full Name (Last, First, Middle Initial)  GUTHRIE, S. BRETT HON.  Mailing Address 1005 WRENWOOD DRIVE  City  BOWLING GREEN  Purpose of Disbursement contributions  Candidate Name  GUTHRIE FOR CONGRESS  Office Sought:  House Senate  Disbursement	SS CONnent For: 2 Primary Other (spec	MMITTEE  2016	Category/ Type  011  Category/	Date of I	Disbursemen  / 16  ction ID : Si	1000.00  nt  2015  B23.6056  bursement this Period	
<b>C</b> .	Purpose of Disbursement contributions  Candidate Name  RENEE ELLMERS FOR CONGRE  Office Sought:  House Senate President  State: NC District: 02  Full Name (Last, First, Middle Initial)  GUTHRIE, S. BRETT HON.  Mailing Address 1005 WRENWOOD DRIVE  City S  BOWLING GREEN  Purpose of Disbursement contributions  Candidate Name  GUTHRIE FOR CONGRESS  Office Sought:  House Disbursement  Senate President	SS COMment For: 2 Primary Other (special contents for the	MMITTEE  2016	Category/ Type  011  Category/	Date of I	Disbursemen  / 16  ction ID : Si	1000.00  nt  2015  B23.6056  bursement this Period	
C.	Purpose of Disbursement contributions  Candidate Name  RENEE ELLMERS FOR CONGRE  Office Sought:  House Senate President  State: NC District: 02  Full Name (Last, First, Middle Initial)  GUTHRIE, S. BRETT HON.  Mailing Address 1005 WRENWOOD DRIVE  City S  BOWLING GREEN  Purpose of Disbursement contributions  Candidate Name  GUTHRIE FOR CONGRESS  Office Sought:  House Disbursement  Senate President	SS CONnent For: 2 Primary Other (spec	MMITTEE  2016	Category/ Type  011  Category/ Type	Date of I	Disbursemen  / 16  ction ID : Si	1000.00  nt  2015  B23.6056  bursement this Period	
	Purpose of Disbursement contributions  Candidate Name  RENEE ELLMERS FOR CONGRE  Office Sought:  State: NC District: 02  Full Name (Last, First, Middle Initial)  GUTHRIE, S. BRETT HON.  Mailing Address 1005 WRENWOOD DRIVE  City  BOWLING GREEN  Purpose of Disbursement contributions  Candidate Name  GUTHRIE FOR CONGRESS  Office Sought:  House Senate President  State: KY District: 02	SS COMment For: 2 Primary Other (special contents for the	MMITTEE  2016	Category/ Type  011  Category/ Type	Date of I	Disbursemen  / 16  ction ID : Si	1000.00  nt / Y Y Y Y Y Y Y Y 2015  B23.6056  bursement this Period 1000.00	

SCHEDULE B (FEC Form 3X)	Use separate schedule(s	FOR LINE				
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NAME OF COMMITTEE (In Full)	name and address of any point	cai committee to	Solicit contributions from such committee.			
COMMUNITY ONCOLOGY ALI	IANCE PAC					
Full Name (Last, First, Middle Initial)			B (B)			
A. Steven Israel			Date of Disbursement			
Mailing Address P.O. BOX 777			03 16 2015			
City	State Zip Code		Transaction ID : SB23.6059			
DEER PARK Purpose of Disbursement	NY 11729		114110404101112 1 022010000			
contribution		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	1000.00			
Steve Israel for Congress		Type	1000.00			
Office Sought: House Disbut Senate President	rsement For: 2016  Primary General  Other (specify)					
State: NY District: 02	Carlot (opcomy)					
Full Name (Last, First, Middle Initial)						
B. TIMOTHY MURPHY			Date of Disbursement			
Mailing Address 221 BROOKSIDE BLVD			03 17 2015			
City PITTSBURGH	State Zip Code PA 15241		Transaction ID : SB23.6060			
Purpose of Disbursement contribution		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	4000.00			
TIM MURPHY FOR CONGRES		Type	1000.00			
Office Sought: House Disbutions Senate President State: District:	Primary General  Other (specify)					
Full Name (Last, First, Middle Initial)			Date of Disbursement			
C. STEVE MR. SCALISE			M M / D D / Y Y Y Y			
Mailing Address 234 JEFFERSON HEIGHTS AVE.			03 16 2015			
City State Zip Code  JEFFERSON LA 70121			Transaction ID : SB23.6051			
Purpose of Disbursement contribution 011						
Candidate Name			Amount of Each Disbursement this Period			
SCALISE FOR CONGRESS		Category/ Type	5000.00			
Senate President	orsement For: 2016  Primary General  Other (specify) ▼					
State: District:						
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		Use separate schedule(s)		FOR LINE NUMBER: PAGE 20 OF 20 (check only one)				
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$\Big >$	COMMUNITY ONCOLOGY ALLIAN	NCE PAC						
_	Full Name (Last, First, Middle Initial)				5			
Α.	STEVE MR. SCALISE				Date of Disbursement			
	Mailing Address 234 JEFFERSON HEIGHTS AVE.				03	16	2015	
	•	state Zip Code	е		Transaction ID : SB23.6054			
	JEFFERSON Purpose of Disbursement	LA 70121			Transac	J. 10 1 02	.20.000 .	
	contribution			011	Amount o	of Each Disb	oursement this Perio	od
	Candidate Name	ON OOM WITTEE	Ca	ategory/			5000.00	П
	THE EYE OF THE TIGER POLITICAL ACTI			Туре		7-1-1	3000.00	_
		nent For: 2016 Primary Ger	neral					
		Other (specify)						
	State: District:							
В.	Full Name (Last, First, Middle Initial)  - ED WHITFIELD				Date of D	Disbursemen	t	
	· ED WHITFIELD				M M / D D / Y Y Y Y			
	Mailing Address 108 ALUMNI AVENUE				03	16	2015	
	•	state Zip Code KY 42240	е		Transa	ction ID : SE	323.6088	
		KY 42240			l			
	Purpose of Disbursement contribution	K1 42240		011	Amount o	of Fach Disb	oursement this Perio	od
	Purpose of Disbursement	K1 42240	Ca	011	Amount o	of Each Disb	oursement this Perio	
	Purpose of Disbursement contribution  Candidate Name  WHITFIELD FOR CONGRESS CO	MMITTEE		011 ategory/ Type	Amount o	of Each Disb	oursement this Period	
	Purpose of Disbursement contribution  Candidate Name  WHITFIELD FOR CONGRESS CO  Office Sought: House Disbursem	MMITTEE nent For: 2016		ategory/	Amount o	of Each Disb		
	Purpose of Disbursement contribution  Candidate Name  WHITFIELD FOR CONGRESS CO  Office Sought:  House Senate  Disbursem	MMITTEE nent For: 2016 Primary Ger		ategory/	Amount c	of Each Disb		
	Purpose of Disbursement contribution  Candidate Name  WHITFIELD FOR CONGRESS CO  Office Sought:  House Senate  Disbursem	MMITTEE nent For: 2016		ategory/	Amount o	of Each Disb		
_	Purpose of Disbursement contribution  Candidate Name  WHITFIELD FOR CONGRESS CO  Office Sought: House Senate President  State: KY District: 01  Full Name (Last, First, Middle Initial)	MMITTEE nent For: 2016 Primary Ger		ategory/		7	2500.00	
C.	Purpose of Disbursement contribution  Candidate Name  WHITFIELD FOR CONGRESS CO  Office Sought:  House Senate President  State: KY  District: 01	MMITTEE nent For: 2016 Primary Ger		ategory/	Date of I	Disbursemen	2500.00 t	
<b>C</b> .	Purpose of Disbursement contribution  Candidate Name  WHITFIELD FOR CONGRESS CO  Office Sought: House Senate President  State: KY District: 01  Full Name (Last, First, Middle Initial)	MMITTEE nent For: 2016 Primary Ger		ategory/		7	2500.00	
<b>C</b> .	Purpose of Disbursement contribution  Candidate Name  WHITFIELD FOR CONGRESS CO  Office Sought:  House Senate President State: KY District: 01  Full Name (Last, First, Middle Initial)  ED WHITFIELD  Mailing Address 108 ALUMNI AVENUE	MMITTEE nent For: 2016 Primary Ger Other (specify) ▼	neral	ategory/	Date of D	Disbursemen	2500.00 t / Y Y Y Y 2015	
С.	Purpose of Disbursement contribution  Candidate Name  WHITFIELD FOR CONGRESS CO  Office Sought:  Senate President  State: KY District: 01  Full Name (Last, First, Middle Initial)  ED WHITFIELD  Mailing Address 108 ALUMNI AVENUE	MMITTEE  nent For: 2016  Primary	neral	ategory/	Date of D	Disbursemen	2500.00 t / Y Y Y Y 2015	
с.	Purpose of Disbursement contribution  Candidate Name  WHITFIELD FOR CONGRESS CO  Office Sought:  State: KY District: 01  Full Name (Last, First, Middle Initial)  ED WHITFIELD  Mailing Address 108 ALUMNI AVENUE	MMITTEE nent For: 2016 Primary	neral	ategory/	Date of Date o	Disbursemen  16  ction ID : SE	2500.00 t / Y Y Y Y 2015	
С.	Purpose of Disbursement contribution  Candidate Name  WHITFIELD FOR CONGRESS CO  Office Sought:  House Senate President  State: KY District: 01  Full Name (Last, First, Middle Initial)  ED WHITFIELD  Mailing Address 108 ALUMNI AVENUE  City SHOPKINSVILLE  Purpose of Disbursement contribution  Candidate Name	MMITTEE nent For: 2016 Primary Ger Other (specify) ▼  State Zip Code KY 42240	neral e	ategory/ Type	Date of Date o	Disbursemen  16  ction ID : SE	2500.00  t  / Y Y Y Y Y Y Y Y 2015  323.6089  oursement this Period	od
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